

**SECURITY.** For years WSH has promoted community-based mental evaluations to reduce the number of inappropriate and costly CFS evaluations. For those whom courts order to re-locate from jail to CFS for evaluations, the facility is designed to provide a limited number with secure quarters and programming. Patients in Competency Restoration and Long Term Care comprise the great majority of the census, have longer stays and are far more stabilized and program and security-compliant. Both treatment and security are core values in all CFS programs, and security standards and procedures are embedded in treatment planning and resident housing for all inpatient programs and wards.

The Control Station, with 24/7-observation duty, has paging equipment, and includes a monitor that accesses 29 cameras panning common areas. It also contains a “duress” system that automatically notifies the Control Station of fire or assault, and auto-starts video recording at the camera station nearest the incident.

## **CENTER FOR FORENSIC SERVICES**

**Western State Hospital  
Mental Health Division  
Dept. of Social & Health Services**

**April 13, 2002**

**PROJECT RESULTS.** The new WSH Center for Forensic Services (CFS) provides a critically needed 240-resident hospital that enormously improves active treatment opportunities for patients, their quality of life, internal safety for patients and staff, facility self-containment and community security, and residents' privacy. This facility is designed to comply with the standards of the Joint Commission on the Accreditation of Hospitals Organization (JCAHO).

**POPULATION.** Criminal courts order persons involved in the court process to WSH for one of three reasons: mental competency evaluation, competency restoration (only a mentally competent person can stand trial), or long-term treatment following a court finding of Not Guilty by Reason of Insanity (NGRI).

**HOSPITAL ADMISSION.** A new resident arrives from jail in police custody under pre-arranged admission. An intercom notifies the Control Station, which opens the gates to the vehicular sally port (a security system of two inter-locked doors that cannot open simultaneously). The Control Station receives the admitting papers and takes a photo. This ID provides assurance for medications and identification for a resident who returns from court visits or fails to do so. The admittee then moves to his/her ward for orientation and room assignment.

**CLINICAL & REHABILITATION.** Except for the start and end of the day, each resident is to participate in the CFS Day Activity Center (Area B) programs and actively engage in therapy, education or recreation as prescribed by his/her Treatment Team. This Area has 25 flexible-use treatment rooms for individual or group therapy, medication education, school, ABE (adult basic education) and occupational therapy. Area B also has a junior high-grade gym with small platform in place of bleachers, and an exercise room for recreational therapy. All areas feature understated but very high visibility for staff and resident safety.

**WARD PROGRAMMING.** Nurses stations protrude into ward common areas, providing a wrap-around view of the open-space common areas/dining room, and a direct view of the TV rooms, patio, interview room, and toiletted intensive treatment room. The nurses stations on the Competency and Long-Term wards are not glassed in, facilitating interchange between patients and staff. All stations feature intercoms throughout the ward and building. Residents receive standard hospital cuisine (central cooking, ward galley prep), laundry, and pharmacy.

Each ward has a half-acre outside recreational area with a sport court, congregating and solo areas. Doors, chairs and ceiling heights all feature internal safety. Residents needing lab, dental, or x-ray services move under staff supervision through the secure basement corridor then up to the unsecured offices.

**ON-WARD PERSONAL TIME.** Each ward contains two nine-seat TV rooms, a large outdoor patio, and an expansive common area with tables and single chairs. There are four sets of private showers/changing areas, a private room with a bathtub and an ADA shower. Each resident has a key to open his/her bedroom door. Long-term treatment (NGRI) wards have 23 single rooms, four double rooms, and 4 ADA (larger room, toilet/sink combo unit, and an alarm). Acute wards contain all single-occupancy bedrooms. Each resident has a personal locked locker in the common area for personal items. A visiting center offers both contact and phone-based non-contact areas, and an outside patio. Staff pre-interview all visitors for safety and security reasons. The visiting center is under direct Control Station observation.